POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

FREDERICK, MD. JUN 3 1 PM 1968

POSTMARK OF DELIVERING OFFICE
HOOD COLLEGE
DIAMOND ANNIVERSARY
1893 — 1968

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER
E. J. Gerstner

STREET AND NO. OR P.O. BOX
11127 Chef Menteur Hwy. #27

POST OFFICE, STATE, AND ZIP CODE
New Orleans, Louisiana

POD Form 3811 June 1966

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

FREDERICK, MD. JUN 3 1 PM 1968

POSTMARK OF DELIVERING OFFICE
HOOD COLLEGE
DIAMOND ANNIVERSARY
1893 — 1968

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER
E. J. Gerstner

STREET AND NO. OR P.O. BOX
11127 Chef Menteur Hwy. #27

POST OFFICE, STATE, AND ZIP CODE
New Orleans, Louisiana

POD Form 3811 June 1966

INSTRUCTIONS TO DELIVERING EMPLOYEE

[X] Show to whom and date delivered [ ] Show to whom, date, and address where delivered [ ] Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

CERTIFIED NO. 539530

INSURED NO.

DATE DELIVERED 6-3-68

SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

1 Harold Weisberg

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 L. Weisberg

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

[ ] Show to whom and date delivered [ ] Show to whom, date, and address where delivered [ ] Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

CERTIFIED NO. 539531

INSURED NO.

DATE DELIVERED 6-3-68

SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

1 Harold Weisberg

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 L Weisberg

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO